



PUBLIC EMPLOYMENT RELATIONS COMMISSION

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OLYMPIA, WA

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PUBLIC EMPLOYMENT
RELATIONS COMMISSIONPETITION FOR INVESTIGATION OF
QUESTION CONCERNING REPRESENTATION☐ Amended Petition in Case - E -

Instructions: Other side of this form (page 2)

Applicable Rules: Chapters 10-08, 391-08, and 391-25 WAC.

The petitioner claims that a question concerning representation exists involving certain employees of the employer named below.

1. **EMPLOYER** Pacific Transit System **ATTORNEY OR REPRESENTATIVE**
CONTACT PERSON Tim Russ
ADDRESS 216 N. Street

CITY, STATE, ZIP Olympia, WA 98517
TELEPHONE 360-642-9418
FAX 360-942-3193
E-MAIL paction@willapabay.org

CITY, STATE, ZIP
TELEPHONE ext.
FAX
E-MAIL

2. **PETITIONER** Richard White **ATTORNEY OR REPRESENTATIVE**
CONTACT PERSON Richard White
ADDRESS POB 494

CITY, STATE, ZIP Long Beach WA 98631
TELEPHONE 360-692-4297 ext.
FAX
E-MAIL

CITY, STATE, ZIP
TELEPHONE ext.
FAX
E-MAIL

3. **INCUMBENT BARGAINING REPRESENTATIVE** Indicate one.☐ The employees involved are not currently represented for bargaining; OR ☒ The employees involved are currently represented by the organization below:

ORGANIZATION Local 1384 - Amalgamated Transit Union
CONTACT PERSON Rita Quienne
ADDRESS 509 12th Ave SE Suite 10
CITY, STATE, ZIP Olympia WA 98501
TELEPHONE 1-800-459-5368
FAX 1-360-459-5368
E-MAIL

ATTORNEY OR REPRESENTATIVE
ADDRESS
CITY, STATE, ZIP
TELEPHONE ext.
FAX
E-MAIL

4. **COLLECTIVE BARGAINING AGREEMENT** Indicate one.☐ The parties have never had a contract; OR ☐ A copy of the parties' current (or most recent) collective bargaining agreement is attached.5. **SHOWING OF INTEREST** A petition filed by an organization or employees must be accompanied by a showing of interest indicating that the petitioner has the support of 30% or more of the employees in the bargaining unit.

6. BARGAINING UNIT	EMPLOYER'S PRINCIPAL BUSINESS	DEPARTMENT OR DIVISION INVOLVED	NUMBER OF EMPLOYEES IN UNIT
DESCRIPTION OF UNIT Indicate inclusions, exclusions, contract page or case/decision number.	<u>Public Transit</u>		<u>177</u>

7. **DESIGNATION OF REQUEST** Indicate one.☐ **RECOGNITION REQUEST.** The petitioner requests certification as exclusive bargaining representative of the bargaining unit.☐ **CHANGE OF REPRESENTATIVE.** The employees in the bargaining unit desire to designate the petitioner as their exclusive bargaining representative.☒ **DECERTIFICATION.** The employees in the bargaining unit no longer desire to be represented by any employee organization.☐ **EMPLOYER PETITION - DEMAND FOR RECOGNITION.** The employer has been presented with one or more demands for recognition (per attached documentation) and requests a determination by the Commission.☐ **EMPLOYER PETITION - INCUMBENCY QUESTIONED.** The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire representation by the incumbent exclusive bargaining representative.8. **OTHER RELEVANT FACTS** Indicate, if applicable.☐ Additional information is set forth on separate sheets of paper attached to this petition9. **AUTHORIZED SIGNATURE FOR PETITIONER**

PRINT NAME _____ **TITLE** _____
SIGNATURE _____ **DATE** _____